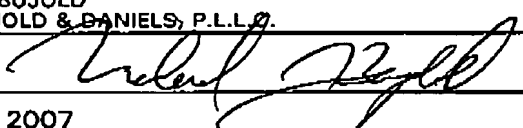
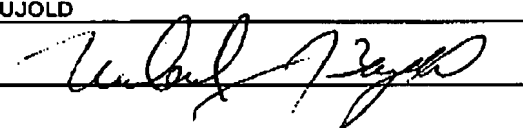


PTO/SB/21 (12-87)

Approved for use through 9/30/00. OMB 0851-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/523,601
	Filing Date	with an effective filing date of August 7, 2003
	First Named Inventor	Peter TIESLER RECEIVED CENTRAL FAX CENTER
	Group Art Unit	3681 JUN 29 2007
	Examiner Name	Justin K. HOLMES Fax: (571) 273-8300
Total No. of Pages in this Submission: 10		Attorney Docket Number ZAHFRI P704US
ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached + Check \$ <input checked="" type="checkbox"/> Response [9] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C.	
Signature		
Date	June 29, 2007	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on June 29, 2007.		
Type or printed name	Michael J. BUJOLD	
Signature		
		Date: June 29, 2007 (ffb)

Response Under 37 CFR 1.116
Expedited Procedure
Examining Group: 3681

6/28/07

PATENT APPLICATION

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JUN 29 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	Peter TIESLER
Serial no.	:	10/523,601
Filed	:	with an effective filing date of August 7, 2003
For	:	AUTOMATIC GEARBOX
Group Art Unit	:	3681
Examiner	:	Justin K. HOLMES
Docket	:	ZAHFRI P704US

MAIL STOP AF

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.
--

In response to the official action mailed May 2, 2007, please enter the following before reconsideration of this application.

In the Claims:

Please amend claims 23 and 26 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.